

EXHIBIT E



Medicare Summary Notice for Part B (Medical Insurance)

Page 1 of 5

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

LINDA P SMITH

THIS IS NOT A BILL**Notice for Linda P Smith**

Medicare Number

Date of This Notice **July 30, 2021**Claims Processed **May 1 -**
Between **July 30, 2021****Your Claims & Costs This Period**Did Medicare Approve All Items and Services? **NO**Number of Items or Services Medicare Denied **1**See claims starting on page 3. Look for **NO** in the "Item/Service Approved?" column. See the last page for how to handle a denied claim.**Total You May Be Billed \$2,244.52****Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You did not have any payable claims this claim period, so you did not have to pay towards the Part B deductible.**Be Informed!**

Medicare covers the COVID-19 vaccine at no cost to you. Bring your Medicare card so your health care provider or pharmacy can bill Medicare. Visit Medicare.gov to learn more. Contact your local health department for more information on COVID-19 vaccines in your area.

Suppliers with Claims This Period

June 24, 2021

Walgreens #12452

July 1 - September 29, 2021

Minimed Distribution Corp

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin".

1-800-MEDICARE (1-800-633-4227)

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Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Beware of advertisements that read, "This item is approved by Medicare" or "No out-of-pocket expenses."

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "medical supplies." Your customer-service code is 19003.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-800-541-7735.

Your Messages from Medicare

You have the right to get your Medicare Summary Notices (MSNs) in an accessible format, like Braille, large print, or data/audio files. Call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048).

You can now get your Medicare Summary Notices (MSNs) online! Receive your electronic MSNs (eMSNs) every month by signing up at <https://www.medicare.gov/forms-help-resources/go-paper>

Beware of scammers who ask for money or your Medicare Number to give you the COVID-19 vaccine or a place on a vaccine waiting list. Only give your Medicare Number to your provider or pharmacist.

Protect yourself from the sun! The sun's UV rays are the leading cause of skin cancer. Prevent skin cancer - wear sunscreen and sunglasses, and see your doctor if you notice any changes to your skin.

Linda P Smith

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Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered the item or service.

Amount Supplier Charged: This is your supplier's fee for this item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the supplier is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

June 24, 2021

Walgreens #12452, (801)335-3610

2576 S Highway 89, Woods Cross, UT 84010-7738

Ordered by Patrice F Hirning

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
160 Insulin for administration through dme (i.e., insulin pump) per 50 units (J1817-KX)	Yes	\$2,687.89	\$1,725.92	\$1,380.74	\$345.18	A
Total for Claim #21182808073000		\$2,687.89	\$1,725.92	\$1,380.74	\$345.18	B

Continued →

Notes for Claims Above

A The approved amount is based on a special payment method.

B We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them.

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Linda P Smith

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July 1 - September 29, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Patrice F Hirning

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
July 1, 2021						
30 Supplies for external insulin infusion pump, syringe type cartridge, sterile, each (A4225)	Yes	\$135.15	\$85.80	\$68.64	\$17.16	
July 1 - September 29, 2021						
13 Supplies for maintenance of insulin infusion catheter, per week (A4224)	Yes	481.65	286.39	229.11	57.28	
Total for Claim #21187840035000		\$616.80	\$372.19	\$297.75	\$74.44	C

July 14, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Patrice F Hirning

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni (A9276-GX)	NO	\$1,824.90	\$0.00	\$0.00	\$1,824.90	D
Total for Claim #21200862620000		\$1,824.90	\$0.00	\$0.00	\$1,824.90	

Notes for Claims Above

- C** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them.
- D** Medicare does not pay for this item or service.

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How to Handle Denied Claims or File an Appeal

Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

December 2, 2021

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 **Medicare Claims Office**
Mail this notice and all supporting documents to the following address:
c/o Noridian Healthcare Solutions, LLC
Attn: Appeals Dept
P. O. Box 6727
Fargo, ND 58108-6727